

Plan Submitter's Signature

RESOURCE MANAGEMENT AGENCY Environmental Health Department

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Pool/Spa Remodel Submittal Form

INSTRUCTIONS FOR SUBMITTING POOL/SPA PLANS: Service Fee: \$ *One submittal form must be filed per pool, spa, and/or wading pool. Incomplete forms will be returned. *All existing pools/spas will be checked during annual inspection for approved outlet covers. (ASME/ANSI A112.19.8) *Submit two copies of plans. (One copy will remain on file with this department) *Attach equipment specification sheets and supporting documentation for all proposed equipment. *Attach this submittal form to your plans AND return by mail, fax, or hand deliver to the office. Site Name \square Pool \square Spa □ Wading Pool Site Address Site City Site Phone Pool Contractor Name of person submitting plans Contractor's License# Contractor Address Contractor City Contractor Zip Contractor Phone Contractor Cell Phone Contractor Fax TYPE OF REMODEL (check all that apply): □ SVRS (make/model): □ Equipment Alteration □ Re-plaster/Resurface ☐ Drain/Outlet Cover Replacement ☐ Other: _____ □ Re-Plumb POOL/SPA INFORMATION: Main drains outlets split at least 3' and hydraulically balanced? ☐ Yes ☐ No Proposed main drain outlet cover(s) (make/model): # of covers _____ Existing equalizer outlets split at 3' and hydraulically balanced? ☐ Yes ☐ No Proposed equalized outlet cover(s) (make/model): # of covers _____ # of Skimmers: _____ # of Skimmer lines at manifold: ___ Existing pumps(s) (make/model): ____ Proposed pump (make/model): ____ Suction line size (circle): Main Drain: 1 ½" 2" 2 ½" Skimmer(s): 1 ½" 2" 2½" Return Line Size: 1 ½" 2" 2 ½" 3" If spa, booster pump (make/model): _____ Line Size: (circle) 1 ½" 2" 2½" 3" Existing Chlorinator (make/model): Existing Filter (make/model): Scope of Work – Description of remodel and alteration proposed:

Department Use Only

Date Received Date Reviewed Date Rejected Date Approved

Date

Print Name